

X. SPILL, LEAK, RELEASE REPORTING FORMS

The following forms must be completed and submitted to Tim Gaffney within 7 days of the time the spill, leak or release occurred. Failure to do so may result in disciplinary action being taken against the individual. This disciplinary action may include dismissal.

FORM/DOCUMENT**CHECK IF
ATTACHED**

SPILL, LEAK, RELEASE WORKSHEET (EV-X-2-9): Required.

INJURY LOG (EV-X-11): Required if any injuries.

ACCIDENT INVESTIGATION REPORT (EV-X-12): Required.

REPORTS BY RESPONSE PERSONNEL: Required.

HEIDEN REPORT (CHLORINE INSTITUTE): Required for all chlorine releases.

DOT HAZARDOUS MATERIALS INCIDENT REPORT (EV-XI): Required if occurring during or incident to transportation. Must be submitted to DOT within 30 days.

WRITTEN FOLLOW-UP REPORT: Required under SARA Title III if release exceeds RQ. May be required by State &/or local agencies. Usually good practice to notify all agencies that were initially notified when situation is under control.

FIRST REPORT OF INJURY (Workers' Comp Claim Reporting Guide INS-III): Required if claim is going to be kept "internal" (not reported to insurance company). Make sure it is marked internal at the top. On reported claims, this is completed by Insurance Carrier, Zurich, as you make initial call to report the injury.

GENERAL LIABILITY LOSS (Liability Claim Reporting Form INS-IV): Required for any incidents involving bodily injury or damage to property of others.

AUTO LIABILITY LOSS (Automobile Claim Reporting Form INS-V): Required for any incidents involving JCI owned automobiles.

CONTINGENCY PLAN REPORT/REVISION: Required if contingency plan implemented. Note any changes required because of this incident.

OTHER: Required as appropriate (i.e., newspaper clippings, photos, police reports, disciplinary reports, production logs, invoice, fill record, scale check, etc.).

Send ORIGINAL to: Tim Gaffney, JCI Caledonia
(Retain copy at Branch)

BRANCH MANAGER SIGNATURE: _____

DATE: _____

SPILL, LEAK, RELEASE WORKSHEET

Every question must be answered. Enter N/A if not applicable. Use additional sheets if necessary.

1. Branch Making Report _____
2. Location Of Spill, Leak, Release:
JCI _____ Customer _____ Distributor _____
3. If at customer or distributor, please answer the following.
If at JCI, please skip to question 4.
Name _____
Address _____
City, State, Zip Code _____
Date/Time JCI Notified _____
Who Notified JCI: Customer _____ Distributor _____
Name/Title _____
Telephone Number _____
4. Date/Time Spill, Leak, Release Began _____
Date/Time Spill, Leak, Release Ended _____
5. a. Material Released _____
b. Quantity Released To Air _____
c. Quantity Released To Ground _____
d. Quantity Released To Water _____
e. Quantity Released To Secondary Containment _____
f. Total Quantity Released (5b+5c+5d+5e) _____
g. Reportable Quantity (RQ) _____
6. Weather Conditions During Incident:
Temperature/General Conditions _____
Wind Speed/Direction (See EV-X-10) _____

7. Any injuries: Yes _____ No _____ If yes, how many: _____
(If yes, complete Injury Log EV-X-11)
8. Was anyone hospitalized: Yes _____ No _____ If yes, how many: _____
- a. If during or incident to transportation, DOT must be notified.
- b. If more than 3 and it occurs in the workplace, OSHA must be notified.
9. Any deaths: Yes _____ No _____ If yes, how many: _____
- a. If during or incident to transportation, DOT must be notified.
- b. If it occurs in the workplace, OSHA must be notified.
10. During or Incident to Transportation: Yes _____ No _____
(If yes, complete Hazardous Materials Incident Report EV-XI)
11. What advice did you give or action did you take to correct the situation:
- _____
- _____
- _____
12. If you sent personnel to the scene, please complete the following (be sure personnel take appropriate MSDS with them):
- a. Personnel sent to scene:
- Name: _____ Time In: _____ Time Out: _____
- Name: _____ Time In: _____ Time Out: _____
- b. Equipment sent to scene:
- A Kit _____ B Kit _____ C Kit _____
- Cylinder Recovery Vessel _____
- Other Equipment (i.e., drums, etc.) _____
- Chemicals (i.e., lime, etc.) _____
- PPE Used At Scene (specify) _____

c. Who did they talk to at the scene:

Name: _____ Title: _____

Name: _____ Title: _____

d. When situation is secured and response personnel return, have personnel prepare and sign a brief description of what they did and saw at the scene; for example, where did they go, when did they get there, who did they talk to, what did people at the scene say, what did they do.

13. If the spill, leak or release was a solid or liquid, please complete the following. If not, please skip to question 14.

a. Container Information (other than a cylinder or ton)

i. Tote Tank/Drum/Carboy/Bottle

Size/Material of Construction _____

Manufacturer of Container _____

DOT Specification or Exemption Number _____

Label: JCI _____ Customer _____ Supplier _____

Closure/Cap: Type _____ Color _____

Exact Location of Leak _____

ii. Storage Tank

Size/Material of Construction _____

Manufacturer of Storage Tank _____

Owner of Tank (JCI or Customer) _____

Exact Location of Leak _____

iii. Portable Tank/Cargo Tank

Size/Material of Construction _____

Owner of Tank (JCI or Common Carrier) _____

Vehicle Number (If JCI) _____

Exact Location of Leak _____

iv. Rail Car

Size/Material of Construction _____

Owner of Rail Car _____

Serial Number _____

Exact Location of Leak _____

- b. The Branch Manager must take immediate action to return the container to the branch for evaluation and/or preservation. If the container is not returned to the branch, who has custody of it now?

Name _____

Address _____

City, State, Zip Code _____

Telephone Number _____

- c. Is there any possibility or evidence that the spill, leak or release could have or did get into the environment:

Yes _____ No _____ (If yes, complete the following):

Sanitary Sewer: Yes _____ No _____ pH Reading: _____

Storm Sewer: Yes _____ No _____ pH Reading: _____

Surface Waters: Yes _____ No _____ pH Reading: _____

Land/Soil: Yes _____ No _____ pH Reading: _____

- d. Was any waste generated during the clean-up: Yes _____ No _____
(If yes, complete the following):

Number/Size of Drums _____

Contents _____

Where Are Drums Now: JCI _____ Customer _____ Distributor _____

Have Contents Been Tested: Yes _____ No _____
(Attach test results if available)

Are Drums Properly Labeled: Yes _____ No _____

Are Drums Properly Stored: Yes _____ No _____

14. If the spill, leak or release was a gas, please complete the following. If not, please skip to question 15:

a. Container Information

Cylinder _____ Ton _____ Rail Car _____

DOT/ICC Specification Number _____

DOT Exemption Number (DOT-E5951 for Tons) _____

Owner of Container: JCI _____ Distributor _____ Customer _____

If Distributor or Customer, Specify Name _____

Serial Number _____

Last Test Date _____

Tester Certification Mark _____

Valve Size _____

Exact Location of Leak _____

Filled By: Branch _____ Other _____

If Other, Specify Name _____

Filling Date _____

Shipping Date _____

b. The Branch Manager must take immediate action to return the container to the branch for evaluation and/or preservation. If the container is not returned to the branch, who has custody of it now?

Name _____

Address _____

City, State, Zip Code _____

Telephone Number _____

c. Attach copies of invoice, fill record, scale check and any other pertinent documents.

15. Verbal Notifications

- a. Corporate Environmental Department: 585-538-2314

Date/Time _____

Person(s) _____

Home Telephone Numbers Of Corporate Personnel

Tim Gaffney 585-538-6447

Dan Casmey 330-857-2662

Mike Croke 803-981-5293

- b. CHEMTREC/CHLOREP: 800-424-9300 (if assistance required)

Date/Time _____

Person/Title _____

Report Number (if any) _____

- c. National Response Center (Federal): 800-424-8802

Date/Time _____

Person/Title _____

NRC Report Number _____

- d. State (Hazardous Material/Hazardous Substance)
(See Section IX, State Specific Spill Reporting Guides)

Date/Time _____

Person/Title _____

Report Number (if any) _____

- e. State (Excess Air Emissions/Wastewater Excursions)
(See Section IX, State Specific Spill Reporting Guides)

Date/Time _____

Person/Title _____

Report Number (if any) _____

- f. State Emergency Response Commission (SARA Title III)
(See Section IX, State Specific Spill Reporting Guides).
Date/Time _____
Person/Title _____
Report Number (if any) _____
- g. Local Emergency Planning Committee (SARA Title III)
Date/Time _____
Person/Title _____
Report Number (if any) _____
- h. County/Local (Police, Fire, Health, Etc.)
Date/Time _____
Person/Title _____
Report Number (if any) _____
- i. County/Local (Police, Fire, Health, Etc.)
Date/Time _____
Person/Title _____
Report Number (if any) _____
- j. County/Local (Police, Fire, Health, Etc.)
Date/Time _____
Person/Title _____
Report Number (if any) _____
- k. OSHA
Date/Time _____
Person/Title _____
Report Number (if any) _____

16. Written Follow-Up Notifications

- a. Under SARA Title III, if the release exceeded the RQ, you must provide follow-up written emergency notice after the release, as soon as practicable, to the State Emergency Response Commission and the Local Emergency Planning Committee. The follow-up notice shall update information included in the initial notice and provide information on actual response actions taken, any known or anticipated acute or chronic health risks associated with the release, and advice regarding medical attention necessary for exposed individuals.
 - b. Some states require written follow-up notifications for all spills, leaks or releases. Some states also have pre-printed reporting forms that must be used. Please refer to Section IX - State Specific Spill Reporting Procedures Guides.
 - c. When the incident is brought under control, it is usually good practice to notify all agencies that were initially verbally notified.
17. Under OSHA, an incident investigation must be initiated as soon as possible, but no later than 48 hours after an incident has occurred involving an OSHA Highly Hazardous Chemical.
18. Was any testing conducted on the container(s) and/or valve(s) involved in the spill, leak or release: Yes _____ No _____

If yes, who conducted the test, what was done, where was it conducted, when was it conducted, and what were the results. Attach copies of test results if available.

19. Suggestions/Recommendations/Comments

Please describe below any other pertinent information pertaining to the spill, leak or release (such as conditions at the site which may have influenced the incident).

WIND SPEED ESTIMATES

<u>MILES PER HOUR</u>	<u>DESCRIPTION</u>
<1	Calm; smoke rises vertically.
1-3	Direction of wind shown by smoke, but not by wind vanes.
4-7	Wind felt on face; leaves rustle; ordinary vane moved by wind.
8-12	Leaves and small twigs in constant motion; wind extends light flag.
13-18	Raises dust and loose paper; small branches are moved.
19-24	Small trees in leaf begin to sway; crested wavelets form on inland waters.
25-31	Large branches in motion; telegraph wires whistle; umbrellas used with difficulty.
32-38	Whole trees in motion; inconvenience felt in walking against wind.
39-46	Breaks twigs off trees; generally impedes progress.
47-54	Slight structural damage occurs; chimney pots and slate removed.
55-63	Trees uprooted; considerable structural damage occurs.
64-75	Very rarely experienced; accompanied by widespread damage.
>75	Devastation occurs.

INJURY LOG

[illegible]